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 7590 09/08/2003

Steven L. Schmid, Esq.
 Womble Carlyle Sandridge & Rice PLLC
 PO Box 7037
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April D. Fiedler	(Depositor's name)
<i>April D. Fiedler</i>	(Signature)
December 4, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/685,305	10/10/2000	Kean M. Anspach	A148 1540 (16164.0590.)	4349

TITLE OF INVENTION: SELF-ADHERING SURFACE COVERING AND METHOD OF MAKING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300 1330	\$0	\$1300 1330	12/08/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHANG, VICTOR S	1771	428-343000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armstrong World Industries, Inc.

Lancaster, PA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

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(Authorized Signature)

(Date)

Douglas C. Whit

December 4, 2003

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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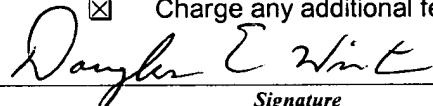

12/10/2003 JADD02 00000048 09685305

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TRANSMIT THIS FORM WITH FEE(S)

BA

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 0024	
Applicant(s): Anspach					
Serial No. 09/685,305		Filing Date October 10, 2000		Examiner Chang, Victor S.	
Group Art Unit 1771		Confirmation No. 4349			
Invention: SELF-ADHERING SURFACE COVERING AND METHOD OF MAKING					
<p style="text-align: center;"><u>Mail Stop Issue Fee</u> <u>TO THE COMMISSIONER FOR PATENTS</u> <u>P.O. Box 1450</u> <u>Alexandria, VA 22313-1450</u></p> <p>Transmitted herewith are the following for the above-identified application.</p> <p><input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85</p> <p><input type="checkbox"/> Utility Fee: _____ <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____</p> <p><input type="checkbox"/> Publication Fee: _____</p> <p><input checked="" type="checkbox"/> A check in the amount of \$1,330.00 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 012400 as described below.</p> <p><input type="checkbox"/> Charge the amount of _____</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <p> Signature</p> <p>Dated: December 4, 2003</p> <p>Douglas E. Winters Reg. No. 29,990</p> <p>CC:</p> <div><p>Certificate of Transmission by Facsimile This certificate may only be used if paying by deposit account.</p><div><p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. _____)</p><p>_____ Date</p><p>_____ Signature</p><p>Typed or Printed Name of Person Signing Certificate</p></div></div> <div><p>Certificate of Mailing by First Class Mail</p><div><p>I certify that this document and fee is being deposited on 12/4/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p> Signature of Person Mailing Correspondence</p><p>April D. Fiedler</p><p>Typed or Printed Name of Person Mailing Correspondence</p></div></div>					